

**Training Course
on Monitoring,
Training, and
Planning; and Drug
and Therapeutics
Committees**

May 14–21, 2006

*Dalian, Liaoning
Province, People's
Republic of China:
Trip Report*

Management Sciences for Health
is a nonprofit organization
strengthening health programs
worldwide.



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Mohan P. Joshi
Niranjan Konduri

June 2006

**Training Course on Monitoring, Training, and Planning;
and Drug and Therapeutics Committees, May 14–21, 2006,
Dalian, Liaoning Province, People’s Republic of China: Trip Report**

Mohan P. Joshi
Niranjan Konduri

Printed June 2006



MANAGEMENT SCIENCES for HEALTH

RPM Plus | *Rational Pharmaceutical
Management Plus*

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Strategic Objective 5

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RPM Plus works in more than 20 developing and transitional countries to provide technical assistance to strengthen drug and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

Abstract

Effective Drug and Therapeutics Committees (DTCs) can improve the use of medicines in hospitals, including those for HIV/AIDS, and to contain antimicrobial resistance. A training workshop on DTCs coupled with sessions on the Monitoring, Training, Planning (MTP) approach as a methodology to enhance DTC effectiveness was organized from May 14 to 21, 2006, in Dalian, Liaoning Province, People's Republic of China. The workshop was organized by the Ministry of Health (MoH) and the World Health Organization (WHO) and co-organized by the Management Sciences for Health Rational Pharmaceutical Management Plus Program. Dr. Mohan Joshi and Mr. Niranjan Konduri visited China to assist in the technical and facilitation aspects of the DTC component of the training workshop. Dr. Joshi also participated in a half-day national medicines policy meeting organized by MoH and the World Health Organization in Beijing on May 13, 2006. The report describes the activities undertaken by Dr. Joshi and Mr. Konduri during the visit.

Recommended Citation

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CONTENTS

ACRONYMS	v
BACKGROUND AND PURPOSE OF TRIP	1
Scope of Work	3
ACTIVITIES.....	5
National Medicines Policy Meeting.....	5
MTP/DTC Training Workshop.....	5
Debriefing with the U.S. Embassy Staff in Beijing	8
NEXT STEPS	9
Immediate Follow-Up Activity.....	9
Recommendations.....	9
ANNEX 1. REQUEST FOR COUNTRY CLEARANCE	11
ANNEX 2. PARTICIPANT LIST, NATIONAL MEDICINES POLICY MEETING	15
ANNEX 3. PRESENTATION LIST, NATIONAL MEDICINES POLICY MEETING	17
ANNEX 4. HOSPITALS AND PROVINCES/MUNICIPALITIES OF PARTICIPANTS ATTENDING THE MTP/DTC TRAINING WORKSHOP.....	19
ANNEX 5. TRAINING WORKSHOP ON MTP/DTC: PROGRAM SCHEDULE.....	21
ANNEX 6. HOSPITAL FIELD VISIT: PARTICIPANT GUIDE	23

ACRONYMS

AIDS	acquired immunodeficiency syndrome
AMR	antimicrobial resistance
CCTV	China Central Television
DRC	Development and Research Center
DTC	Drug and Therapeutics Committee
HIV	human immunodeficiency virus
INRUD	International Network for Rational Use of Drugs
OIs	opportunistic infections
MOH	Ministry of Health
MSH	Management Sciences for Health
MTP	monitoring-training-planning
PLA	People's Liberation Army
RDM	Regional Development Mission [USAID]
RPM Plus	Rational Pharmaceutical Management Plus Program [MSH]
STG	standard treatment guideline
TA	technical assistance
TB	tuberculosis
USAID	U.S. Agency for International Development
WHO	World Health Organization
WPRO	Regional Office for the Western Pacific [WHO]

BACKGROUND AND PURPOSE OF TRIP

Infectious diseases continue to present a serious threat to countries worldwide. The situation is compounded by the steadily growing problem of antimicrobial resistance (AMR). Inappropriate prescribing and use of antimicrobials are major contributors to the development of AMR.

In January 2006, the People's Republic of China, the World Health Organization (WHO), and the Joint United Nations Program on HIV/AIDS together estimated that 650,000 people were living with HIV in China, including about 75,000 AIDS patients.¹ During 2005, about 70,000 new HIV infections and 25,000 AIDS deaths occurred. Irrational use of expensive medications to treat HIV/AIDS and opportunistic infections (OIs) may lead to resistance and undermine efforts to combat this disease.

Since 2004, the Management Sciences for Health (MSH) Rational Pharmaceutical Management (RPM) Plus Program has provided technical assistance (TA) in TB drug management to China. During FY04, RPM Plus provided TA to counterparts in China to adapt the Pharmaceutical Management for Tuberculosis (PMTB) assessment tool, and to apply it in Shandong and Henan provinces, whose combined population is roughly 200 million. RPM Plus also assisted in training and initial data collection, and provided TA in data analysis and development of recommendations. RPM Plus is providing TA to Chinese counterparts to strengthen their pharmaceutical management systems, including development of draft standard operating procedures and refinements in information systems to allow timely decision-making. These will be refined and implemented in the pilot districts in advance of anticipated roll out to other provinces.

For several years, RPM Plus has been working in many countries to introduce Drug and Therapeutics Committees (DTCs) as a method of improving the selection and use of medicines, including antimicrobials. Those activities contribute to the rational use of medications for various infections, including HIV/AIDS and tuberculosis (TB), and also help contain the spread of AMR. DTCs are considered a key intervention in the WHO Global Strategy to contain antimicrobial resistance in hospitals. In 2004, the Second International Conference on Improving Use of Medicines recommended that DTCs be established at all levels in institutional settings to help improve use of medicines and contain costs. This strategy is especially relevant in the current scenario in China where, as a result of diminishing funds from the central government, hospitals may depend on user fees and profits from sales of medicines for a large part of their income.² This situation contributes to irrational medicine use in China, including the frequent prescribing of expensive brand-name medicines.³

¹ HIV & AIDS in China. <http://www.avert.org/aidschina.htm> (accessed May 19, 2006).

² China's Challenges: Health and Wealth, editorial. 2006. *Lancet* 367(9511):623

³ D.Blumenthal and W. Hsiao. 2005. Privatization and Its Discontents—the Evolving Chinese Health Care System. *New England Journal of Medicine* 353(11): 1165–70.

Because of China's increasing health care costs,⁴ rising antimicrobial resistance,^{5,6} and treatment of people living with HIV/AIDS being provided through increasing numbers of organizations and mechanisms,^{7,8} DTCs have major roles and responsibilities to improve pharmaceutical management and to reduce the risk of resistance to antimicrobials used for HIV/AIDS, TB, and other infectious diseases.

The monitoring, training, planning (MTP) methodology may be useful to implement DTC-related activities and to promote rational medicine use. MTP provides an innovative approach for changing behavior through adult-learning and problem-based interventions. Indicators are used to measure the magnitude of the problem (monitoring component), discuss the underlying factors of problems and how to improve the situation (training component), and set the improvement target (planning component).⁹

To support attempts at rationalizing medicine use in China, the Department of Medical Administration of the Ministry of Health (MoH) and the World Health Organization organized an MTP and DTC training workshop from May 14 to May 21, 2006, in Dalian, Liaoning Province. The course was co-organized by MSH/RPM Plus, and implemented by the Hospital Association of China. People's Liberation Army (PLA) 210 Hospital and Dalian Medical University Hospital were the two local facilitating hospitals. Dr. Mohan Joshi and Mr. Niranjan Konduri visited China to assist in the technical and facilitation aspects of the DTC component of the training workshop in Dalian. Prior to his travel to Dalian, Dr. Joshi also participated in a half-day national medicines policy meeting organized by MoH and WHO in Beijing on May 13, 2006.

The Request for Country Clearance for Dr. Joshi's and Mr. Konduri's travel to China, detailing the scope of work, anticipated contacts, travel and lodging logistics, and funding source, is attached as Annex 1.

Dr. Xiao Yonghong, director of the Institute of Clinical Pharmacology at Peking University, had attended the December 2005 International Course on Drug and Therapeutics Committees and Training of Trainers in Penang, Malaysia, organized by Universiti Sains Malaysia and RPM Plus

⁴ Q. Meng, G. Cheng, L. Silver, X. Sun, C. Rehnberg, and G. Tomson. 2005. The Impact of China's Retail Drug Price Control Policy on Hospital Expenditures: A Case Study in Two Shandong Hospitals. *Health Policy and Planning* 20(3): 185–96.

⁵ R. Zhang, K. Eggleston, V. Rotimi, and R. J. Zeckhauser. 2006. Antibiotic Resistance as a Global Threat: Evidence from China, Kuwait and the United States. *Global Health* 2(1): 6.

⁶ T. K. Ling, J. Xiong, Y. Yu, C. C. Lee, H. Ye, and P. M. Hawkey. 2006. Multicenter Antimicrobial Susceptibility Survey of Gram-Negative Bacteria Isolated from Patients with Community-Acquired Infections in the People's Republic of China. *Antimicrobial Agents and Chemotherapy* 50(1): 374–78.

⁷ F. J. Zhang, J. Pan, L. Yu, Y. Wen, and Y. Zhao. 2005. Current Progress of China's Free ART Program. *Cell Research* 15(11–12): 877–82.

⁸ J. Cohen. 2004. HIV/AIDS in China. A New Treatment Campaign, but with Limited Weapons. *Science* 304(5676): 1433.

⁹ David P. Nelson and Inga C. Adams. 2000. *A Guide to Improving Drug Management in Decentralized Health Systems: The Monitoring-Training-Planning Guide for Program Implementation*. Published for the U.S. Agency for International Development by the Rational Pharmaceutical Management Project. Arlington, VA: Management Sciences for Health.

in collaboration with WHO.¹⁰ Upon his return after the course, Dr. Yonghong was motivated to work with the MoH and WHO to organize the Dalian course.

Scope of Work

Dr. Joshi's scope of work was to—

- Participate in the one-day meeting on national medicines policy organized by the Chinese MoH and WHO in Beijing, May 13, 2006
- Act as a major international facilitator for DTC sessions in the training workshop
- Assist the organizers in planning the field trip
- Discuss the prospect of future collaboration with counterparts
- Debrief the U.S. embassy in China, if requested

Mr. Konduri's scope of work was to—

- Co-facilitate DTC sessions with Dr. Joshi
- Assist the organizers in technical aspects of the training workshop
- Assist in organizing and participating in the field trip and help participants collect, compile, analyze, and present their data

¹⁰ M. Joshi, N. Konduri, T. Green, O. Duzey, and L. Gibbs. 2006. International Training Course on Drug and Therapeutics Committees and Training of Trainers, Penang, Malaysia, November 28–December 10, 2005: Course Report. Submitted to the U.S. Agency for International Development by the Rational Pharmaceutical Management Plus Program. Arlington, VA: Management Sciences for Health.

ACTIVITIES

National Medicines Policy Meeting

The Development and Research Center (DRC) of China's State Council is currently collaborating with WHO on a study relating to health system reform. The pharmaceutical sector is one of the most important components of the study. DRC and other government agencies, such as the State Food and Drug Administration and the MoH, are also working with WHO on pushing the formulation of a national medicines policy in China. As part of this ongoing process, the MoH and WHO with the DRC partners organized a half-day meeting in Beijing for the facilitators and consultants from WHO, its Regional Office for the Western Pacific (WPRO), and RPM Plus on May 13, 2006, before the facilitators traveled to Dalian for the MTP/DTC training workshop. Annex 2 provides the list of Chinese counterparts present. During the meeting, participants made presentations and had discussions on general issues relating to national medicines policy, rational medicine use, counterfeit medicines, antimicrobial resistance, and good governance in the pharmaceutical sector. Annex 3 lists the presentation topics by WHO and RPM Plus partners during the meeting.

MTP/DTC Training Workshop

Course Preparation

Compared with the standard eight-day DTC course,¹¹ the Dalian course was a shortened version. As a result, the original two- to four-hour sessions of the generic course had to be significantly reduced to fit the average allotted time of 45 minutes for each session. The sessions facilitated by RPM Plus staff members were DTC overview, standard treatment guidelines (STGs), formulary management, assessing drug efficacy, assessing and managing drug safety, and drug quality. Some China-related data were included in the slides to help adapt the sessions to China's prevailing health care. The final short version of the slides was sent a week in advance of the course to the local counterparts for translation into Chinese. Technical handouts to be distributed during the course were also sent ahead of time for translation.

Course Activities

Forty participants from 28 hospitals in 17 provinces or municipalities of China participated in the course (Annex 4). The majority of the participants were chief pharmacists, and some were physicians. The training workshop schedule can be found in Annex 5.

¹¹ M. Joshi, N. Konduri, T. Green, O. Duzey, and L. Gibbs. 2006. International Training Course on Drug and Therapeutics Committees and Training of Trainers, Penang, Malaysia, November 28–December 10, 2005: Course Report. Submitted to the U.S. Agency for International Development by the Rational Pharmaceutical Management Plus Program. Arlington, VA: Management Sciences for Health.

After arriving in China, Mr. Konduri oriented the English-Chinese interpreter assigned to MSH/RPM Plus facilitators to help her become familiar with the technical content of the slides before the start of the training workshop. Dr. Joshi and Mr. Konduri co-facilitated the assigned DTC sessions. Dr. Joshi used a problem-oriented approach and encouraged the participants to share their insights about their hospital experiences in China. The interpreter provided translations throughout the course, making the sessions highly interactive. Most of the participants had some level of DTC functions and shared both their efforts and challenges.

Dr. Budiono Santoso of WPRO conducted the session on qualitative methods of investigating medicines use. Sessions on overview of AMR and quantitative methods of investigating medicines use were conducted by Dr. Daisy Carandang of WHO/Geneva. Dr. Sri Suryawati of Gadjah Mada University in Indonesia, a WHO consultant, facilitated the session on MTP as a method of promoting rational medicine use. In one of the MTP activities, participants were asked to write down the most critical problems in their hospitals. A discussion ensued among the participants on how to use the MTP approach to address those key problems.

Hospital Field Visit

The hospital field visit is an important activity in the DTC course because it provides an opportunity for the participants to apply the concepts and facts acquired during the training course. The field study sites were PLA 210 Hospital (510 beds) and No. 1 Affiliated Hospital of Dalian Medical University (2,000 beds), both public hospitals located in the city of Dalian. The participants were divided into two equal groups for each hospital. Each group was accompanied by two facilitators (one local and one international) who acted as observers and were available for questions.

Participants were asked to collect data on hospital DTC activities, obtain general consumption and price data for selected classes of medicines, and review the use of medications at the hospital. An instruction sheet was prepared to guide the field visit for each group (Annex 6).

At each hospital, information on the structure, functions, and accomplishments of the hospital DTCs was collected through an interview with either the chief pharmacist or the DTC chairperson. Thirty prescriptions were reviewed at the hospital dispensary to analyze the outpatient prescribing patterns using WHO/International Network for Rational Use of Drugs (INRUD) drug use indicators. An exit interview developed during the course was conducted outside of each pharmacy to determine patients' knowledge concerning their prescribed medications.

After the data were collected in the morning, the participants got together to aggregate and analyze their data and then prepare a presentation to share their findings. Both groups presented a summary of their findings, following which a discussion ensued among the participants. Mr. Konduri, Dr. Carandang, and Dr. Yonghong facilitated the field visit discussion.

The final phase of the field visit discussion provoked an active debate among the participants about their lack of control regarding unnecessary and duplicate stocking of a number of medicines, including expensive ones. In the context of rational medicine use, this lack of control

seemed to pose a significant challenge, given that STGs are often not followed and hospital revenues depend on high medicines sales.

Dr. Yonghong facilitated this lively debate in Chinese and subsequently requested Mr. Konduri to provide comments for the participants regarding this issue. Mr. Konduri provided a snapshot of an effective DTC and urged the participants to link existing formularies with STGs. He addressed the participants' perceived lack of control regarding rational medicine use and formulary management by linking the problems of those formularies to the consequences of irrational medicine use, such as increased cost, increased morbidity/mortality of the patients, adverse drug reactions, and antimicrobial resistance. If actual local data on such consequences can be presented to senior health providers and hospital administrators, that information may become the starting point for suggested reform.

Work Plans for MTP/DTC Implementation

A monitoring and follow-up component in the form of a work plan has been built into this training course. This component is intended to help participants implement specific DTC-related activities and also use the MTP approach to solve priority medicine use problems in their facilities. Mr. Konduri described the work plan and its purpose to the participants.

Hospital Presentation on Antibiotic Monitoring

After the field visit and work plan discussion, the PLA 210 Hospital demonstrated their electronic tool used to monitor hospital antibiotic use. This electronic tool has well-developed software that is used to track medication use among hospital inpatients, including antibiotic dosage, duration of treatment, and adverse drug reactions. Subsequently, the participants and course facilitators were taken around the PLA 210 Hospital wards to demonstrate use of this electronic tool onsite. Dr. Carandang and Mr. Konduri described to each participant group how this tool is a great example of readily available data that can be used to study antibiotic use problems and to develop effective interventions.

Opening and Closing Ceremonies

Dr. Zhao Ming Gang, the director of the Department of Medical Administration, MoH, People's Republic of China, made the opening speech for the MTP/DTC training workshop. Dr. Zhao acknowledged the need for rational medicine use and stated that irrational prescribing must be curbed through effective interventions. He also stated that preference must be given for generic drugs and that unnecessary prescriptions of expensive medicines must be reduced. Dr. Zhao thanked WHO and MSH for their collaboration and technical support.

Dr. Budiono Santoso, Regional Pharmaceutical Advisor at WPRO, thanked the People's Republic of China MoH for hosting the course and acknowledged the contribution of MSH/RPM Plus. Dr. Santoso gave credit to MSH/RPM Plus for the original development of the MTP module and approach.

Mrs. Yan, the president of the Hospital Associates of China, made the closing speech. She thanked the local counterparts, WHO, and MSH for the support provided during the course. Her

key message to the participants was to advocate rational medicine use to senior hospital personnel and hospital directors.

Materials Distributed

The DTC course materials are supported by well-developed and extensive sets of teaching-learning materials—participant’s guides, trainer’s guides, and visual aids. At the start of the DTC training, each participant received a printed set of the PowerPoint slides used by the facilitators. The course materials were translated into Chinese in advance of the workshop, and English and Chinese versions appeared side-by-side in the course material book. During the workshop, facilitators also distributed additional useful technical handouts related to the course. At the end of the course, each participant received a CD-ROM containing electronic versions of the complete set of DTC course materials developed by MSH/RPM Plus with support from the U.S. Agency for International Development (USAID). The CD contained additional technical materials on DTC and rational medicine use.

News Telecast

Journalists from China’s largest television network, China Central Television (CCTV), were present on the last day of the course during the hospital field visit. They filmed the activities throughout the day. On Saturday, May 20, 2006, during the evening news at 6:00 p.m., CCTV broadcast the MTP/DTC training and acknowledged the contribution of WHO and MSH/RPM Plus in promoting rational medicine use in China.

Debriefing with the U.S. Embassy Staff in Beijing

On May 18, 2006, Dr. Joshi provided a telephone briefing from Dalian to Ms. Deborah J. Seligsohn and Dr. Craig N. Shapiro at the U.S. Embassy in Beijing. He informed them about the national medicines policy meeting in Beijing and the MTP/DTC training workshop in Dalian. He also briefed them about WHO/WPRO’s interest in collaborating with RPM Plus/MSH to assist the MoH for further DTC work in China. Ms. Seligsohn advised that the embassy be kept informed of further developments and that guidance and approval be sought well in advance, especially for new activities. After the debriefing, Dr. Joshi e-mailed all the presentations made during the national medicines policy meeting to Ms. Seligsohn and Dr. Shapiro.

NEXT STEPS

Immediate Follow-Up Activity

Approach the USAID Regional Development Mission (RDM) in Bangkok and U.S. Embassy in China for guidance and approval on potential future collaboration requested by WHO/China and WHO/WPRO to assist the MOH in further DTC efforts in China.

Recommendations

- The Chinese MoH is currently promoting implementation of DTCs. These committees will be an effective vehicle to improve the use of antimicrobials for priority health problems in China, including HIV/AIDS, TB, and hospital-acquired infections. Appropriate use will be critical not only to reduce morbidity, mortality, and cost, but also to prevent the emergence of resistance to currently effective antimicrobials, including those for HIV/AIDS and OIs. Thus, it is recommended that RPM Plus collaborate with WHO's WPRO and country offices to assist the MoH in staging a national DTC course being considered for late 2006 or early 2007.
- Training coupled with regular follow-up and monitoring leads to a more significant outcome than training alone. RPM Plus provides follow-up assistance to past DTC course participants and has acquired experience in doing this task. It is recommended therefore that RPM Plus be involved in providing follow-up technical support, by telephone and Internet, to the Dalian participants and those attending the planned course.
- It is also recommended that RPM Plus collaborate with WHO and local partners in moving the national medicines policy effort forward if possibilities arise for such a collaboration.

ANNEX 1. REQUEST FOR COUNTRY CLEARANCE

TO: John MacArthur, USAID Regional Development Mission (RDM) Asia/OPH

FROM: Management Sciences for Health (MSH)/Rational Pharmaceutical Management (RPM) Plus Program, Cooperative Agreement # HRN-A-00-00-00016-00

SUBJECT: Request for Country Clearance for travel to China for RPM Plus staff: Mohan Joshi and Niranjan Konduri

COPY: Lois Bradshaw, RDM/A/ Director OPH
Wanne Kunchornratana, RDM/A/OPH
Deborah Seligsohn, ESTH/DHHS, US Embassy/China
Craig Shapiro, ESTH/DHHS, US Embassy/China
Anthony Boni, GH/HIDN/HS, CTO RPM Plus
Kama Garrison, GH/HIDN
Douglas Keene, Director, MSH/RPM Plus
Maria Miralles, Deputy Director, MSH/RPM Plus
Olya Duzey, Program Manager for ANE, MSH/RPM Plus
Dr. Budiono Santoso, Regional Advisor, WHO/WPRO
Dr. Jing Sun, National Program Officer in Pharmaceuticals, WHO/China

1. The RPM Plus Program wishes to request country clearance for proposed travel to Dalian, Liaoning Province, China by: Dr. Mohan Joshi, Program Manager for Antimicrobial Resistance (AMR), and Mr. Niranjan Konduri, Program Associate for RPM Plus, for the period of May 12 to May 19, 2006, for Mohan Joshi, and May 13 to May 22, 2006, for Niranjan Konduri.

2. Background:

Infectious diseases continue to present a serious threat to countries worldwide where scarcity of resources is complicated by lack of drug availability and inappropriate use of the available drugs. The situation is compounded by the steadily growing problem of antimicrobial resistance (AMR). Inappropriate prescribing and use of antimicrobials are major contributors to the development of AMR. The Rational Pharmaceutical Management (RPM) Plus Program has been working in developing countries worldwide to introduce Drug and Therapeutics Committees (DTCs) as a method of managing the selection of appropriate drugs and improving use of medicines, including antimicrobials. These committees serve to improve drug selection, prescribing, and use and decrease or contain the spread of antimicrobial resistance (AMR). DTCs are considered a key intervention in the WHO Global Strategy to contain antimicrobial resistance in hospitals.

The Ministry of Health of China will host a National Training Workshop on Rational Drug Interventions and Drug and Therapeutics Committees from May 15 to 21, 2006, in Dalian, Liaoning Province, China. This course is being organized by the Ministry of Health of China in collaboration with WHO and RPM Plus. A former DTC training course participant, Dr. Xiao Yonghong, was inspired to get involved in organizing this training course in China after

he participated in the recent “International Training Course on Drug and Therapeutics Committees and Training of Trainers” organized by the University of Science Malaysia, RPM Plus and WHO in Malaysia in December 2005. Dr. Yonghong’s objective is to promote the establishment of DTCs as a means to promote rational use of antimicrobials through training of a critical mass of health care professionals in his country.

3. Purpose of Proposed Visit

The purpose of the visit for Dr. Mohan Joshi and Mr. Niranjan Konduri is to assist in the technical and facilitation aspects of the Drug and Therapeutics Committees component of the training course to take place in Dalian, China, from May 15 to May 21, 2006.

4. Scope of Work

Scope of work for Mohan Joshi

- Participate in the one day meeting on National Medicines Policy organized by the Chinese Ministry of Health and WHO in Beijing, May 13, 2006
- Act as a major international facilitator for DTC sessions in the training course
- Assist the organizers in planning for the field trip
- Discuss with counterparts about the prospect of future collaboration and roll-out of DTC trainings and DTC implementation efforts in China

Scope of work for Niranjan Konduri

- Co-facilitate DTC sessions with Mohan Joshi
- Assist the organizers in technical aspects of the training course
- Assist to organize and participate in the field trip and help participants collect, compile, analyze and present their data

5. Anticipated Contacts:

- Dr. Budiono Santoso, Regional Advisor in Pharmaceuticals of the Western Pacific Regional Office of the World Health Organization (WHO/WPRO) (Facilitator)
- Dr. Jing Sun, National Program Officer in Pharmaceuticals, WHO/China
- Dr. Xiao Yonghong, Director, Institute of Clinical Pharmacology, Peking University (Facilitator)
- Dr. Sri Suryawati, Gadjah Mada University, Indonesia (Facilitator)

- 6. Logistics:** Dr. Joshi will arrive in Beijing on/about May 12, travel to Dalian on/about May 14, and depart from China on/about May 19, 2006. Mr. Konduri will arrive in Dalian on/about May 13 and depart on/about May 22, 2006. Dr. Joshi and Mr. Konduri will stay at Chuanwangfu Sunshine hotel, Dalian.

No Mission assistance is required.

- 7. Funding:** Expenses for Dr. Joshi and Mr. Konduri will be paid for with RPM Plus SO5 AMR funds.

- 8. Action:** Please inform the RPM Plus Program whether country clearance is granted for the activity to take place as proposed. Please reply via e-mail to the attention of Anthony Boni, USAID/G/PHN/HN/HPSR, e-mail address: aboni@usaid.gov, tel. 202-712-4789, fax 202-216-3702. Please copy Kama Garrison at kgarrison@usaid.gov, Douglas Keene at dkeene@msh.org, Maria Miralles at mmiralles@msh.org, Olya Duzey at oduzey@msh.org, Mohan Joshi at mjoshi@msh.org, Lindsay Gibbs at lgibbs@msh.org, and Nicolette Regis at nregis@msh.org.

Thank you for Mission cooperation.

ANNEX 2. PARTICIPANT LIST, NATIONAL MEDICINES POLICY MEETING

Development and Research Center (DRC), State Council
May 13, 2006

Song Xiaoqing, Research Office, Chinese Communist Party Central Committee

Ding Ningning, Director, Department of Social Development, Development Center of the State Council

Ge Yanfeng, Deputy Director, Department of Social Development, Development Center of the State Council

Gong Sen, Wang Liejun, Wei Jigang, Department of Social Development, Development Center of the State Council

Yu Shili, Director, Division of Planning and Price Control, Department of Finance and Planning, Ministry of Health

Zhuang Ning, Sun Xuejun, Division of Planning and Price Control, Department of Finance and Planning, Ministry of Health

Liu Gaifen, Foreign Loan Office, Ministry of Health

Lu Fengxia, Director, Center for Drug Price Setting, National Development and Reform Committee

Li Qingfang, Director of Division, Department of Social Development

Qiu Qiong, Deputy Director of Division, Department of Policy and Regulation, State Food and Drug Administration

Liu Xinliang, Beijing Disease Center

Zou Jun, Li Yong, Zhang Xin, Health Economics Research Center, Ministry of Health

Tang Shenglan, Country Adviser, Health Policy Support Project, WHO, China Office

Yang Honhwei, National Program Officer, Health System Development, WHO, China Office

Sun Jing, National Program Officer, Pharmaceuticals, WHO, China Office

ANNEX 3. PRESENTATION LIST, NATIONAL MEDICINES POLICY MEETING

Development and Research Center, State Council
May 13, 2006

- 8:50–9:00 Introduction
- 9:00–9:30 National Medicines Policy: Global Situation
Dr. Budiono Santoso
Regional Adviser on Pharmaceuticals, WHO Regional Office in Manila
- 9:30–10:00 Country Experiences in NMP Formulation and Rational Drug Use
Dr. Sri Suryawati
Short-term Consultant of WHO
Head, Department of Clinical Pharmacology, Faculty of Medicine, Gadjah Mada University
Country Coordinator, International Network for Rational Use of Drugs
- 10:00–10:10 Break
- 10:10–10:40 Promoting Ethical Practices and Good Governance in Pharmaceuticals Sector
Dr. Budiono Santoso
- 10:40–11:10 Supporting Country-Level Strategies for Advocacy and Containment of Antimicrobial Resistance
Dr. Mohan Joshi
Program Manager for Antimicrobial Resistance, MSH/RPM Plus, USA
- 11:10–11:40 Rapid Alert System in Combating Counterfeit Medicines
Dr. Budiono Santoso
- 11:40–12:00 Q & A

ANNEX 4. HOSPITALS AND PROVINCES/MUNICIPALITIES OF PARTICIPANTS ATTENDING THE MTP/DTC TRAINING WORKSHOP

Total number of participants: 40

Mainly chief pharmacists of Department of Pharmacy of hospitals

Total number of hospitals: 28

Nanjing Medical University Hospital
Fujian Medical University Hospital
No. 3 Military Medical University Hospital
Jiangxi Medical University No. 2 Hospital
Nanchang University No. 1 Hospital
Nanchang University No. 2 Hospital
Jilin University Hospital
Fujian Medical University No. 1 Hospital
Beijing Military General Hospital
Hebei Medical University No. 2 Hospital
Sino-Japanese Friendship Hospital
Harbin Medical University No. 2 Hospital
Zhejiang University No. 1 Hospital
The General Military Hospital
Capital Medical University Xuan Wu Hospital
An Hui Provincial Hospital
Fujian Provincial Hospital
Guangzhou Military General Hospital
Inner Mongolia Hospital
Hainan People's Hospital
Peking Medical University No. 1 Hospital
Peking Medical University No. 2 Hospital
Peking Medical University No. 3 Hospital
No. 4 Military Medical University Hospital
Tianjin No. 1 Hospital
Tianjin Medical University Hospital
Guangdong Zhuhai People's Hospital
PLA No. 210 Hospital

Total number of provinces and municipalities: 17

Beijing
Tianjin
Chingqing
Hebei
Liaoning
Jilin
Heilongjiang
Shanxi
Shanaxi
Inner Mongolia
Anhui
Jiangsu
Zhejiang
Jiangxi
Fujian
Guangdong
Hainan

ANNEX 5. TRAINING WORKSHOP ON MTP/DTC: PROGRAM SCHEDULE

Date	Time	Contents	Venue
May 14	All day	Registration	Room 503
May 15 D1	Morning	1. Opening ceremony 2. Overview of drug use problems with emphasis on AMR 3. Overview of DTCs, the roles of DTCs in improving medicine use	3F, Conference room Group photo at the front door
	Afternoon	Overview strategies to improve prescribing (MTP focused interventions/small group interactive interventions)	3F, Conference room
May 16 D2	Morning	1. Developing and maintaining formulary 2. Drug safety, efficacy, quality assurance	3F, Conference room
	Afternoon	1. Standard Treatment Guidelines 2. Baseline assessment of medicines use problems, using quantitative indications 3. Qualitative assessment (FGD) of the underlying reasons for irrational medicine use	3F, Conference room
May 17 D3	Morning	Framework to improve prescribing with emphasis on the importance of understanding motivating factors	3F, Conference room
	Afternoon	MTP strategy to improve medicine use in hospitals	3F, Conference room
May 18 D4	Morning	Cara Belajar Ibu Aktif (Mothers' Active Learning Method) strategy to improve medicine use by the patients and the community	3F, Conference room
	Afternoon	Site investigation preparations	3F, Conference room
May 19 D5	Morning	Site visit to health facilities observing DTC functions and rational medicine use and antibiotics problems-1 (trainees were divided into two groups)	No. 1 Affiliated Hospital of Dalian Medical University
	Afternoon	Site visit to health facilities observing DTC functions and rational medicine use and antibiotics problems-2 (trainees were divided into two groups)	PLA 210 Hospital
		Summary of the site visit and discussion (each group presents its findings)	Club Room of PLA 210 Hospital
		Development of work plan for DTC, MTP implementation and small group interactive learning	Club Room of PLA 210 Hospital
		Closing ceremony and issuing certificate	Club Room of PLA 210 Hospital
May 20 D6	All day	Sightseeing in Dalian City	
May 21 D7	Morning	Please check out before 12 noon	

ANNEX 6. HOSPITAL FIELD VISIT: PARTICIPANT GUIDE

In the morning you will visit a hospital for site visit. At the hospital, please make two subgroups for each activity described below.

Subgroup A (#1 to #7): Meeting with DTC Chair/Secretary

Subgroup B (#8 and #9): Data Collection—Apply Prescribing Indicators

Subgroup A

1. After introducing yourself to the hospital administration, meet with the Chief Pharmacist and/or Chairperson/Secretary of the hospital's Drug and Therapeutics Committee.
 - If a DTC exists, obtain a description of the DTC composition and functions. (If no DTC exists, find out who would be responsible for decisions concerning formulary list and procurement.)
 - Who are the members of the DTC?
 - How often does the DTC meet?
 - What activities does the DTC carry out?
 - How is the formulary list updated?
 - What have been its achievements in 2004–2005?
 - Determine whether formal agendas are prepared for the meetings.
 - Ask to see the agendas on file.
 - Request permission to review the minutes of the past one or two meetings.
 - Determine what topics have been discussed.
2. If the DTC is charged with updating the hospital drug formulary list, ask for a copy of the drug evaluation report.
 - What is the format and content of the report?

(Note: Plan to spend a maximum of 15 minutes for questions 1 and 2.)

3. Ask the DTC to see any drug studies that are intended to identify drug use problems in the hospital. These might include—
 - ABC analysis
 - Drug use evaluation or drug use review studies
 - Drug indicator studies
 - Qualitative studies to identify why drug use problems occur
4. Inquire about interventions to improve drug use. Do they use any education programs to improve drug use, standard treatment guidelines or protocols, drug use evaluation, regulatory interventions, or others?
5. Ask for a copy of the hospital drug formulary list.
 - How many drugs are on the list?
 - How many different chemical entities are there?
 - Prepare a list of all third-generation cephalosporins and nonsteroidal anti-inflammatory drugs (NSAIDs)
6. Ask the Chief Pharmacist to provide the following information—
 - Unit price (acquisition price) of each drug in the following therapeutic categories: (1) third-generation cephalosporins, (2) NSAIDs (get information for each drug product—for example, each brand of the same drug), and (3) antihypertensives
 - Quantities of each drug that were consumed for the past 12 months (each brand of the same drug, if possible)
 - Total of **all** drug expenditures for the previous 12 months
7. Ask the Chief Pharmacist the following questions—
 - Is there a drug information center?
 - Does the drug information center or pharmacy department produce a newsletter or drug bulletin? What information does it provide?
 - What drug information resources are available for the DTC?
 - Reference texts (for example, *Merck Index*, *Martindale: The Complete Drug Reference*, *Meyler's Side Effects of Drugs*, etc.)
 - Drug bulletins (for example, *The Medical Letter*, *Drug and Therapeutics Bulletin*, national drug bulletin)
 - Journal publications (for example, *Chinese Medical Journal*, *Lancet*, *British Medical Journal*, *Annals of Pharmacotherapy*, etc.)

Subgroup B

8. At the Pharmacy: Evaluate 30 prescriptions for—
 - Prescribing indicators
 - No. of drugs per prescription
 - Percent of prescriptions with antibiotics
 - Percent of prescriptions with injections
 - Percent of drugs prescribed by generic names
 - Patient Care Indicator
 - Observe dispensing time (secs/min)
9. Outside the hospital compound: Conduct patient exit interviews
 - Try to interview a minimum of 10 and a maximum of 20 exiting patients.

Analysis of Data and Preparation for Presentation

Each group will analyze the collected information and prepare a 10–15 minute presentation after lunch. Please use paper flipcharts that will be provided. Please assign one or two representative(s) for each group to present site visit assessment. The presentation should include—

- A brief presentation on the status of the DTC in the hospital that you visited.
- An analysis of the hospital drug evaluation process for additions to the formulary and report.
- An analysis of the three therapeutic groups utilizing data you collected at the hospitals.
- Analysis of prescribing indicators and exit interviews.
- What potential problems have you identified?
- What would you recommend to do about the problems?

